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(Re	equestor's Name)	
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(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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C. LEWIS NOV -8 2012 EXAMINER



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS WANTS YOU TO KNOW...

Business Identity Theft is a broad term that encompasses a wide variety of crimes involving the unauthorized use of a business identity. Small and midsize companies are tempting targets for criminals. 60% of small businesses close within a year of being victims. In an effort to be more business friendly and to heighten security, the Department of State has instituted an e-mail notification process whereby business entities are sent e-mail notices when any changes are made to their records. This e-mail notice will be sent to the previous e-mail address of record. If the change was not authorized by a principal of the business entity, you will be able to notify the Department utilizing a link provided in the e-mail.

The 2012 Florida Statutes

817.155 Matters within jurisdiction of Department of State; false, fictitious, or fraudulent acts, statements, and representations prohibited; penalty; statute of limitations.—A person may not, in any matter within the jurisdiction of the Department of State, knowingly and willfully falsify or conceal a material fact, make any false, fictitious, or fraudulent statement or representation, or make or use any false document, knowing the same to contain any false, fictitious, or fraudulent statement or entry. A person who violates this section is guilty of a felony of the third degree, punishable as provided in s. <u>775.082</u>, s. <u>775.083</u>, or s. <u>775.084</u>.

COVER LETTER

TO: Registration Section **Division of Corporations**

Render 2 Reality LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew Funkhouser

Name of Person

Render 2 Reality

Firm/Company

1710 Jefferson Ave

Address

Miami FI 33139

City/State and Zip Code

drew@render2reality.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Funkhouser

at (813)841 1343

Area Code & Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

■\$30.00 Filing Fee & Certificate of Status □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

□\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED. SECRETARY OF STATE DIVISION OF CORPORATIONS

2012 NOV -7 AM 10: 43

Render 2 Reality LLC		
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on openida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabi	lity Company were filed on 10/19/20	and assigned
Florida document number L12000133704		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Company," th	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter now welling address if an limble		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	x)	· <u>·····</u>
B. If amending the registered agent and/or registered agent and/or the new registered office		cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	rida street address
	Litter 1 to	. Florida
_	City	, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the street or Managing Member being added or removed from our records: and address of each Manager 2812 NOV -7 AM 10: 43

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Andrew Funkhouser	1710 Jefferson Ave	Add
		Miami FI 33139	Remove
MGR	Imane Funkhouser	1710 Jefferson	Add
		Miami FI 33139	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

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Dated	· · · · · · · · · · · · · · · · · · ·		

Page 3 of 3

Filing Fee: \$25.00